



RESPONSE UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
ART UNIT 2643

03500.010516.1

**PATENT APPLICATION**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re Application of:**

TAKEHIRO YOSHIDA

Application No.: 08/825,585

Filed: April 1, 1997

For: COMMUNICATION APPARATUS  
FOR SELECTING A  
COMMUNICATION PROTOCOL  
COMPATIBLE TO A PARTNER  
STATION AND EXECUTING THE  
SELECTED PROTOCOL

Examiner: G. Eng

Art Unit: 2643

October 14, 2004

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OCT 21 2004

Technology Center 2600

**Mail Stop AF**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

### AMENDMENT AFTER FINAL ACTION

Sir:

In response to the Office Action dated July 14, 2004, the Examiner is respectfully requested to amend the above-identified application as follows:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

October 14, 2004.

(Date of Deposit)

**Leonard P. Diana (Reg. No. 29,296)**

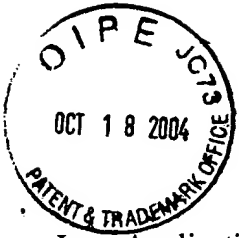
(Name of Attorney for Applicant)

Paul P. Dunn

October 14, 2004

**Signature**

**Date of Signature**



Corres. and Mail  
**BOX AF**

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RESPONSE UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
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In re Application of:

Docket No. 03500.010516.1

TAKEHIRO YOSHIDA

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A COMMUNICATION PROTOCOL COMPATIBLE  
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Date: October 14, 2004

**Mail Stop AF**  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 7	MINUS	** 24	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 2	MINUS	*** 4	= 0	x \$44 \$88	0
Fee for Multiple Dependent claims \$150°/\$300						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the fee for a \_\_-month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Leonard P. Diana  
Attorney for Applicant  
Registration No. 29,926

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200

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